

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09582971		FILING DATE				
							APPLICANT(S) 09/582971						
							CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	INC.	DEP.	
1							61						
2							62						
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47													
48													
49													
50													
TOTAL IND.		29				TOTAL IND.							
TOTAL DEP.		18				TOTAL DEP.							
TOTAL CLAIMS		47				TOTAL CLAIMS							